Approved for use through 9/30/00. OMB 0651-0031 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE rk Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/570,815 Confirmation Number Filing Date with an effective filing date of September 4, 2004 First Named Inventor Josef BADER **FORM** (to be used for all correspondence after initial filing) Group Art Unit 3681 **Examiner Name** Fax: (571) 273-8300 Derek D. Knight Attorney Docket Number **ZAHFRI P824US** Total No. of Pages in this Submission: 18 ENCLOSURES (check all that apply) ■ Fee Transmittal Form ☐ Assignment papers ☐ After Allowance Communication (in Duplicate) (for an Application) to Group ■ Fee attached - Check \$940.00 □ Drawing(s) ☐ Appeal Communication to Board of Appeals and Interferences Amendment/Response - 12 pgs. ☐ Licensing-related Papers ☐ Appeal Communication to Group □ After Final ☐ Petition Routing Slip (PTO/SB/69) (Appeal Notice, Brief, Reply Brief) and Accompanying Petition □ Affidavits/declaration(s) (DELETED - no longer useful) □ Proprietary Information ■ Extension of Time Request ☐ To Convert a Provisional Petition ☐ Status Letter (in Duplicate) ☐ Power of Attorney, Revocation Additional Enclosure(s) ☐ Express Abandonment Request Change of Correspondence Address (please identify below): ☐ Information Disclosure Stmt □ Terminal Disclaimer Req. for Continued Examination - 1 ☐ Certified Copy of Priority ☐ Small Entity Statement Postcard Document(s) ☐ Request for Refund ☐ Response to Missing Part/s Incomplete Application □ Response to Missing Parts under 37 CFR 1.52 or 1.53 **REMARKS** SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual Name Michael J. Bujold Reg. No. 32,018 DAVIS & BUJOLD, P.L.L.C CUSTOMER NO. 020210 Signature Date December 30, 2008 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December

Date: December 30, 2008

()

Wellouf

30, 2008

Signature

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
The Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(Print/Type)

Michael J. Bujold

Effective on 12/08/2004. Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

For FY 2008

Complete if Known

Application No. Filing Date
First Named Inventor
Examiner Name

10/570,815 with an effective filing date of September 4, 2004 Josef BADER Derek D. Knight

Date: December 30, 2008

□ Appl	licant claims small entity statu	s. See 37 (	CFR 1.27				3681	3681	
TOTAL	AMOUNT OF PAYMENT: \$	940.00			Attorney Docke	t No.	ZAHFRI F	ZAHFRI P824US	
METHO	DD OF PAYMENT (check all the	nat apply)							
■ Che	ck ☐ Credit Card ☐Money Or	der □None	e 🗅 Other (please	e identify):					
	•		". Number 04-0213	• -	Deposit Account	Name: DA	– VIS & BUJOLD, P	LL.C	
i i	above-identified deposit accord								
. 00			octor is nevery aut						
	☐ Charge fee(s) indicated						pt for the filing fe	ee .	
	Charge any additional fe under 37 CFR 1.			(s) <b>=</b> Credi	t any overpaymen	ts			
WARNI	NG: Information on this for	m may bed	ome public. Cred	dit card info	rmation should r	ot be includ	led on the this fo	rm. Provide credit	
	formation and authorization			an cara imo	mation should t	ot be includ	ied on the this to	mi. Trovide credit	
FEE CA	ALCULATION								
	*								
1.	BASIC FILING, SEARCH, A	AND EXAM	INATION FEES						
		FILING	FEES Small Entity	SEARCH	H FEES Small Entity	EXAMIN	ATION FEES Small Entity		
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (4)	Fees Paid (\$)	
	Utility	330	165	540	270	220	110		
	Design	220	110	100	50	140	70		
	Plant	220	110	330	165	170	85		
	Reissue	330	165	540	270	650	325		
	Provisional	220	110	0	0	0	0		
2.	EXCESS CLAIM FEES Fee Description						Small i Fee (		
	Each claim over 20 (including Reissues)						26	¥7	
	Each independent claim over 3 (including Reissues)						110		
	Multiple dependent claims					390	195		
	Total Claims	Extra Cla	aims Fee (\$	5)	Fee Paid (\$)		Multiple Depende	ent Claims	
	-20 or HP =			\$26 =			Fee (\$)	Fee Paid (\$)	
	Indep. Claims	Extra CI			Fee Paid (\$)				
	3 or HP +		× <u>\$220</u>	<u>0/\$110</u> =					
	HP = highest number of in	ndependent	t claims paid for, i	if greater tha	an 3.				
3.	APPLICATION SIZE FEE								
	If the specification and dra								
	1.52(e)), the application si 41(a)(1)(G) and 37 CFF	ize fee due R 1.16(s).	is \$260 (\$130 fo	or small enti	ty) for each addit	ional 50 she	ets or fraction th	ereof. See 35 U.S.	
			No. of				- A	5 B:1/4	
	<u>Total Sheets</u> -100 =	Extra Sh	<u>No. of</u> / 50 =	r each additi	<u>onal 50 or fractio</u> d up to a whole r	n thereot lumber) x	Fee (\$) \$270/\$135	<u>Fee Paid (\$)</u> =	
4.	OTHER FEE(S)							Fees Paid (\$)	
7.			Coccooks.						
	Other (e.g., late filing surc	harge): <u>Rec</u>	quest for Continue	ed Examinat	lon		<u> </u>	\$810.00	
		<u>Peti</u>	tion for One Mon	th Extension	of term			\$130.00	
SUBMIT	ITED BY		1						
Signatu		. ()	11/75	ul			Telephone (	(603) 226-7490	
		alle	1		Booletest's 11		relephone (	,000, 220 . 400	
Name		1	'		Registration No				

Registration No. (Atty/Agent) 32,018 PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## Complete if Known

10/570,815

September 4, 2004

Date: December 30, 2008

with an effective filing date of

enne =

Name

(Print/Type)

Michael J. Bujold

FEE TRANSMITTAL For FY 2008

Filing Date First Named Inventor

Application No.

Applicant Faims small entity status. See 37 CFR 1.27						Examiner Name Art Unit		Josef BADER Derek D. Knight 3681		
TB42	PAMOUNT OF PAYMENT: \$	940.00				Attorney Docke	t No.	ZAHFRI I	P824US	
	OD OF PAYMENT (check all th	at apply)								
■ Che	eck ☐ Credit Card ☐Money Or	der □None	e 🗅 Othe	er (please ident	tify):					
	•	t Account N			·			— VIS & BUJOLD, F	P.L.L.C	
	e above-identified deposit accou				ed to: (c			•		
. 0. 0.	☐ Charge fee(s) indicated I			•			• ·	pt for the filing fo		
			ornoumo		·			peror the ming i		
	Charge any additional fe under 37 CFR 1.1			ins or lee(s)	Credit	any overpaymen	15			
	IING: Information on this for nformation and authorization			olic. Credit ca	rd infor	mation should r	ot be includ	led on the this fo	rm. Provide credit	
FEE C	ALCULATION									
_										
1.	BASIC FILING, SEARCH, A									
		FILING	FEES Small E		EARCH	FEES Small Entity	EXAMIN	ATION FEES Small Entity		
	Application Type	Fee (\$)	Fee	(\$) F	ee (\$)	Fee (\$)	Fee (\$)	Fee (4)	Fees Paid (\$)	
	Utility	330	165	54	40	270	220	110		
	Design	220	110	10	00	50	140	70		
	Plant	220	110	33	30	165	170	85		
	Reissue	330	165	54	40	270	650	325		
	Provisional	220	110		0	0	0	0		
2.	EXCESS CLAIM FEES  Fee Description  Fee (\$)  Fee (\$)									
	Fee Description Fee (\$) Each claim over 20 (including Reissues) 52								Ψ)	
	Each independent claim over 3 (including Reissues)						220	110		
	Multiple dependent claims	Multiple dependent claims					390	195		
	Total Claims -20 or HP =	Extra Cla	aims x	Fee (\$) \$52/\$26	=	Fee Paid (\$)		Multiple Depender	ent Claims Fee Paid (\$)	
	Indep. Claims -3 or HP +	Extra CI	Extra Claims		\$110 = Fee Paid (\$)					
	HP = highest number of in	ndependent	claims p	paid for, if grea	ater tha	n 3.				
3.	APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CF 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.(41(a)(1)(G) and 37 CFR 1.16(s).									
	Total Sheets -100 =		Extra Sheets / 50 = No. of each addition (round)					Fee (\$) \$270/\$135	<u>Fee Paid (\$)</u>	
4.	OTHER FEE(S)								Fees Paid (\$)	
	Other (e.g., late filing surcharge): Request for Continued Examination								\$810.00	
		Peti	tion for (	One Month Ext	tension	of term			\$130.00	
SUBMI	TTED BY		1							
Signati	ure U	e On	0/	Tage,	1			Telephone	(603) 226-7490	

Registration No.

(Atty/Agent) 32,018